Revision: HCFA-PM-91-4 (BPD)

AUGUST 1991

(a)

OMB No.: 0938-

State: ____

Pennsylvania

SECTION 2 - COVERAGE AND ELIGIBILITY

Citation 42 CFR 435.10 and Subpart J

2.1 Application, Determination of Eligibility and Furnishing Medicaid

The Medicaid agency meets all requirements of 42 CFR Part 435, Subpart J for processing applications, determining eligibility, and furnishing

Medicaid.

TN No. 91-33		-					
Supersedes	Approval	Date	 Effective	Date	November	1,	<u> 19</u> 91
TN No. 75-12							

HCFA ID: 7982E